EU 711682922 US YovichF P 1 04

PTO/SB/08e (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
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e required to respond to a collection of information unless it contains a valid OMB control number. Complete if Known Substitute for form 1449A/PTO **Application Number** 10 788,528 Filing Date INFORMATION DISCLOSURE First Named Inventor Yovich, F. STATEMENT BY APPLICANT Art Unit Examiner Name (Use as many sheets as necessary Attorney Docket Number YOUICHF_P_LOY Sheet

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xaminer nitials*	Cite No.1	Document Number Number-Kind Code ^{2 (7 Incom)}	Publication Date MM-DD-YYYY	Name of Patentiee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Signature	M	Date Considered	4/4/2000	

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